UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/CP/172
30 December 1996

ORIGINAL: English

Second regular session 1997
10 - 14 March 1997, New York
Item 5 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Togo

Proposed UNFPA assistance:	$7.0 million, $6.0 from regular resources and $1.0 million from multi-bilateral and/or other, including regular, resources
Programme period:	5 years (1997-2001)
Cycle of assistance:	Third
Category per decision 96/15:	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	4.0	.5	4.5
Population & development strategies	1.2	.5	1.7
Advocacy	.8	-	.8
Total	6.0	1.0	7.0

/...

TOGO

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	54.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	12.0	≥55
Access to basic health services (%)[3]	61.0	≥60
Infant mortality rate (/1000)[4]	85.0	≤50
Maternal mortality rate (/100,000)[5]	420.0	≤100
Gross female enrolment rate at primary level (%)[6]	62.5	≥75
Adult female literacy rate(%)[7]	32.9	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, Education for All - Status and Trends, 1994.*

Demographic Facts

Population (000) in 1995	4,138	Annual population growth rate (%)	3.0
Population in year 2000 (000)	4,818	Urban	4.8
Sex ratio (/100 females)	98.1	Rural	2.2
Per cent urban	30.8	Crude birth rate (/1000)	41.8
Age distribution (%)		Crude death rate (/1000)	11.4
Ages 0-14	45.8	Net migration rate (/1000)	0.0
Youth (15-24)	18.8	Total fertility rate (woman)	6.08
Ages 60+	5.0	Life expectancy at birth (years)	
Percentage of women aged 15-49	44.3	Males	55.2
Median age (years)	17.1	Females	58.8
Population density (/sq. km.)	73	Both sexes	57.0
		GNP per capita (U.S. dollars, 1994)	320

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1994 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

/...

1. The United Nations Population Fund proposes to support a population programme over the period 1997-2001 to assist the Government of Togo in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $7 million, of which $6 million would be programmed from UNFPA regular resources, to the extent such resources are available. The balance of $1 million would be sought from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's third cycle of assistance to Togo.

2. The proposed programme has been designed to complement national population activities It takes into account the recommendations of the programme review and strategy development (PRSD) exercise of July 1996, which was jointly organized by the Government and UNFPA and included participation from government officials, other United Nations agencies, bilateral donors and non-governmental organizations (NGOs). It is based on several national policy and strategy documents, including the Government's Poverty Alleviation Programme and the Country Strategy Note for Togo developed by the Government and the United Nations. It is formulated in accordance with international population strategies and the harmonized programme cycles of the Joint Consultative Group on Policy (JCGP) in Togo.

3. Togo is classified as a category "A" country under the Fund's new approach for resource allocation. The programme therefore adopts a comprehensive assistance approach that will focus on priority needs in the three UNFPA core programme areas -- reproductive health, including family planning and sexual health; population and development strategies; and advocacy. In order to assist the country in increasing the availability of quality reproductive health services, the proposed programme will help expand such services in the underserved Plateaux region as well as in the Maritime and Kara regions, where UNFPA activities are already being carried out. The geographical focus of these activities is designed to increase the impact of UNFPA assistance. Nationally, the programme would help the country to formulate a national population policy and to improve capacities for managing population programmes. It would work with Government in promoting gender equality and equity.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the 1994 International Conference on Population and Development (ICPD), which was endorsed by the General Assembly in its resolution 49/128.

Background

5. Togo is one of the poorest countries in the world: per capita gross national product (GNP) declined from $400 in 1992 to $320 in 1994 while the external debt reached $1.3 billion in 1995. The population increased from 1.4 million at Independence in 1960 to 4.1 million in 1995. If the

current annual population growth rate of 3.0 per cent a year is sustained, the country's population will double in the next 22 years. Almost 46 per cent of the population is under 15 years of age. Urbanization is increasing rapidly due to deteriorating economic, social and environmental conditions in rural areas.

6. Women experience discrimination in the areas of health (e.g., harmful traditional practices, subordination to men for fertility regulation), education, politics and economic rights and opportunities. In a largely agricultural society, women suffer a serious disability in that they are not allowed to inherit land. Overcrowded educational facilities and inadequate resources for development programmes make it difficult to address the problems of increasing youth unemployment and juvenile delinquency.

7. The Government recognizes the interconnectedness of population and economic growth, environmental factors and living standards, as evidenced by various declarations in recent years. It subscribes to all international commitments in the area of health. However, Togo has no explicit population policy. The objectives of the National Health Policy are contrasted with the magnitude of the problems it aims to address: continuing high rates of infectious and parasitic diseases; the high maternal mortality rate (420 deaths per 100,000 live-births); the low contraceptive prevalence rate; increasing levels of sexually-transmitted diseases (STDs), including HIV/AIDS (which currently affects about 5 per cent of the population); and poor access to reproductive health services, especially in the underserved Plateaux region.

Previous UNFPA assistance

8. The second country programme cycle, originally approved for 1989-1993, was extended three years because the 1990-1994 crisis disrupted programme implementation. The PRSD mission found that the 1989-1996 programme had contributed to increased levels of awareness, particularly among decision makers and opinion leaders, about population issues and women's rights. In this regard, the UNFPA programme assisted in the establishment of the Ministry of Women's Promotion and Social Protection. Population education programmes were developed at all levels of the educational system, including in 285 out of 300 secondary schools. The maternal mortality rate declined during the period of the programme, and the contraceptive prevalence rate increased from 1.5 per cent in 1991 to 12 per cent in 1995.

9. The PRSD observed, however, that the implementation of population activities in Togo has been hampered by several factors. First among these is the absence of a national population policy. The proposed programme therefore includes activities designed to assist the Government in having such a policy delineated and adopted. The continued existence of the 1920 colonial anti-contraceptive law inhibits family planning sensitization and service delivery. The infrastructure required for successful population programming and donor coordination is weak. The absence of a

strategy for information, education and communication (IEC) activities has handicapped population activities. The PRSD mission also felt that previous UNFPA assistance had not adequately incorporated a holistic approach, being too much oriented towards family planning, to the detriment of other necessary reproductive health components. The mission found that the second country programme had not successfully included community and NGO participation in the formulation and implementation of population projects. The country's lack of capacity for data verification needs to be addressed.

Other external assistance

10. International assistance to Togo has been focused in such areas as health, education and the improvement of the socio-economic status of women. UNICEF's programmes have aimed at reducing maternal and child mortality and preventing infectious diseases in three underserved regions. During the next programme cycle, 1997-2001, the UNICEF programme will focus on increasing access to drinking water; improving the accessibility and quality of primary health care services; fostering education for girls; and community capacity-building. The World Health Organization (WHO) has provided assistance in the development of the national health policy and in the training of traditional birth attendants. In 1996 and 1997 it is working on developing reproductive health norms and standards. The World Bank supports health and educational reforms. The German Gesellschaft für Technische Zusammenarbeit (GTZ) provides assistance for primary health-care, including family planning, services at an urban health centre in Lomé while the European Union has supported small family planning projects and the provision of essential drugs in two regions. The United States Agency for International Development (USAID) withdrew its health-related assistance during 1990-1994, which considerably reduced the availability of family planning services nationwide. USAID returned in 1996 with support for a regional project on family health and AIDS prevention. Since 1975, the International Planned Parenthood Foundation (IPPF) has supported the family planning activities of the Togo Family Welfare Association (ATBEF).

11. The PRSD found that coordination of donor support had not been as effective as it could have been due to the absence of a formal coordinating structure in the Ministry of National Planning. A series of round tables aimed at obtaining financial support from principal donors and for building consensus on sectoral and thematic strategies and programmes is being held between September 1996 and the end of 1997. Donor inputs will be coordinated with proposed UNFPA-supported reproductive health activities, focusing on cost-sharing in the procurement of contraceptives and the establishment of necessary infrastructures. One reason that UNFPA proposes to begin work in the Plateaux region is that it is not currently being covered by any other reproductive health assistance programmes.

Proposed programme

12. The overall objective of the proposed programme is to assist the Government in incorporating a comprehensive reproductive health approach into the primary health care system. Specifically, UNFPA will help establish and/or strengthen reproductive health services in three target regions. At the national level, UNFPA will support the Government in developing a national population policy and in integrating population into all aspects of its development planning process. Population concerns will be addressed in a holistic manner in order to forge intersectoral linkages on such matters as gender concerns, data collection and analysis, and capacity-building. The broad strategy throughout will be to enhance national capacity and to expand the knowledge-base on reproductive health issues. That knowledge-base can then be used by the Government as it directs its attention to such questions as fertility management, adolescent sexual health and increased male involvement in reproductive health, including family planning, decisions. The proposed programme will also assist the Government in making the public more aware of population concerns, including gender issues.

13. Reproductive health. In the area of reproductive health the programme will help to establish and operationalize the reproductive health concept, with emphasis on reducing maternal mortality rates, managing adolescent fertility, promoting women's rights, and increasing male responsibility and participation. These activities will primarily be directed at targeted groups in the rural areas and marginal urban areas of the Maritime, Plateaux and Kara regions. In all areas, there will be a particular focus on the reproductive health needs of adolescents and youth. Specifically, the proposed reproductive health programme will contribute to the achievement of the Government's objectives of a 30 per cent reduction in maternal mortality resulting from pregnancy complications and poor quality of services; increasing the number of basic health units offering family planning services from the present 227 to 400; and increasing contraceptive prevalence from 12 per cent in 1996 to 20 per cent by the year 2001.

14. In order to achieve the above objectives, the programme will undertake an analysis of the health service system, including an assessment of maternal health care (with particular attention to the situation of emergency obstetric facilities) and adolescent reproductive health needs, to facilitate the elaboration of a prioritized reproductive health plan of action. A series of qualitative research studies will be conducted to identify sociocultural impediments to the utilization of reproductive health services and to assess contraceptive prevalence as well as drop-out or discontinuation rates among specific groups. The programme will support the decentralization of the health system, focusing on strengthening the institutional and management capacities in the three targeted regions. The programme will also strengthen the technical, management and absorptive capacities of major national NGOs through provision of appropriate IEC and/or service delivery training and materials.

15. In response to weaknesses in previous IEC efforts, the proposed programme will implement a strategy of working with the Ministry of Communications as the focal point for reproductive health

IEC. In this regard, the programme will contribute to the development of a public awareness programme aimed at target groups, especially men and youth. IEC activities in the reproductive health area will include culturally sensitive messages, including on the subject of female genital mutilation. These messages will be disseminated through various audio-visual materials, as well as through existing traditional and modern communication channels including NGOs, public and private media, market women's associations, youth clubs and adult literacy programmes.

16. Population and development strategies. In the area of population and development the programme focus is to assist the Government in formulating and implementing a coherent national population policy and programme. In this regard, certain strategies are envisioned. These begin with the strengthening of central and regional capacities for population programme formulation, implementation, management, monitoring and coordination. The Fund will concentrate on increasing gender-sensitivity in socio-economic development planning. To build national capacity, the programme will strengthen national managerial capacities and institutional coordination. It will aim to improve the quality and coverage of basic socio-economic and demographic data collection, analysis and validation. In order to increase awareness and change existing perceptions of population matters, the programme will also aim to integrate population education into the curricula of the country's high schools and two teacher-training institutions.

17. The proposed programme will strengthen the institutional and research capacities of the Demographic Research Unit of the University of Benin (which is the national university in Togo) in order to enable it to undertake research in support of national population policy formulation and implementation. Also, the programme will enhance and support national bodies so that they will have the capacity to monitor implementation of the ICPD Programme of Action and the integration of population concerns into development planning. It will work towards the development of a national communications strategy that will help to foster input into the development of the national population policy and then help to disseminate and build popular support following its adoption. The programme will also support NGOs involved in women's promotion and youth activities. In collaboration with other donors, the programme will strengthen the Ministry of Women's Promotion's capacity for policy formulation, programme implementation and intra- and intersectoral coordination. It will also support the census; the establishment of an integrated programme for data collection, analysis, and validation; and Togo's participation in South-South cooperation activities.

18. Advocacy. The programme will assist the Government in its efforts to enlist support and commitment for the promotion of population activities and for the integration of population concerns into national development planning. This will include providing support for research and data analysis to help in understanding the effects, within the Togolese context, of the current law that restricts family planning publicity and service delivery. Advocacy efforts within the programme will also focus on increasing sensitivity to the role that gender equality and equity, as well as women's empowerment, have to play within the country's overall development efforts. These advocacy

activities will also aim to increase the involvement of NGOs, the private sector and civil society in the development, implementation and funding of population-related activities.

19. In order to achieve the above objectives, the proposed programme will assist the Government in developing a national advocacy plan. This plan will be based on the results of sociocultural research and linked with the Government's social development priority of poverty alleviation. Regular discussions will be held with social and political leaders to discuss interrelated developmental issues. Activities will include seminars for local leaders, women's groups and youth associations, as well as media campaigns in collaboration with other development partners and with different organs of the Togolese media.

Implementation, monitoring, evaluation and coordination

20. National execution will be a primary means of programme implementation in that most activities will be carried out by government institutions and national NGOs. In keeping with the Fund's current procedures and guidelines, a range of monitoring and evaluation activities will be undertaken. Annual progress reports will be submitted on all project activities. Field monitoring visits will be carried out to assess progress and improve programme implementation. In order to ensure continuous exchange of information and ideas, managers of all UNFPA-assisted activities will continue to participate in all project review meetings carried out with the Government, NGOs and UNFPA. Managers of UNFPA-assisted activities and representatives of JCGP partners will meet semi-annually to discuss progress and constraints. Workshops on UNFPA's programmatic and financial procedures will be organized on an annual basis for those involved in the management of UNFPA-assisted projects. Technical assistance will be furnished as necessary by the Country Support Team headquartered in Dakar, Senegal. A mid-term country programme review will be undertaken during the second half of 1999 to assess implementation progress and problems and to make necessary adjustments.

Recommendation

21. The Executive Director recommends that the Executive Board approve the programme of assistance for Togo as outlined above, in the amount of $7 million over the period of 1997-2001, $6 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of $1 million would be sought from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.